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ABSTRACT

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Social Ambivalence: Interpersonal Consequences of
Disclosing a Cancer Experience

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University of Colorado at Denver

Paper presented at the Annual Meeting of the Western and
Rocky Mountain Psychological Associations
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Abstract

The purpose of this experiment was to test the hypothesis that individuals who engage in high disclosure of a cancer experience invite a significant degree of social rejection. Undergraduates watched a videotaped interview with a male or female actor who engaged in either high or low disclosure of feelings surrounding an experience with cancer or a serious car accident. Participants rated the actors' communications skills and likability, as well as their level of discomfort with the actor and the content of the communication. Contrary to prediction, the female actor who engaged in high disclosure of her cancer experience was rated as the most likable and skilled communicator. However, the disclosure of a cancer experience aroused high levels of discomfort across the board, even in those cases where the cancer victim was well-liked. Thus, it appears that hearing someone discuss a cancer experience may induce a state of ambivalence or an approach-avoidance conflict. The unexpected findings provide the impetus for the development of a new model to account for the social interactions of individuals with serious illnesses.

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A major problem encountered by many cancer patients is the sense of social isolation and rejection they experience as result of their disease (Curbow, Andrews & Burke, 1986; Wortman & Dunkell-Schetter, 1979). This is indeed unfortunate since strong social support appears to play a key role in how patients cope with serious illness (Broadhead, Kaplan, James, et al., 1983; Kaplan, Cassel, & Gore, 1977; Pilisuk & Froland, 1987).

Speculation abounds as to why people, including close friends and relatives, may withdraw in subtle and not-so-subtle ways from the cancer patient. Some believe that the fear-eliciting potential of this unusually sinister disease induces discomfort and a strong desire to avoid all reference to, or contact with it. However, to date, no systematic model exists that can account for the process whereby the quality of social interactions experienced by cancer patients may deteriorate over time.

Coyne's (1976) interpersonal model of depression, which accounts for the social deterioration experienced by depressives, may offer some insight into how this process

operates for persons with a serious physical illness like cancer. According to this model, the manner in which depressives interact with others results in negative social interactions which lead ultimately to social rejection. Coyne believes that one major alienating feature in the depressive's social interactions may be non-reciprocal, high self-disclosure. That is, the depressive's conversational tendency to dwell on his/her problems to the exclusion of other topics is primarily responsible for driving people away. It is possible that the social rejection experienced by cancer patients is also produced, in part, by non-reciprocal, high self-disclosure. Certainly, there is an abundance of anecdotal evidence to suggest that cancer patients perceive the existence of powerful social barriers to extensive self-disclosure concerning their cancer experience (Klagburn, 1971; Spiegel, 1979).

The purpose of this study is to see if non-reciprocal, high self-disclosure of a cancer experience results in the social rejection of cancer patients. In order to test this, the social ratings of cancer patients who engage in high versus low disclosure of their illness will be examined. It is predicted that disclosure of a cancer experience, especially high disclosure, will produce negative social reactions. Beyond this, the study will begin to explore some of the

specific reasons why social disclosure of cancer may be more alienating than disclosure of a less sinister, life-threatening event. Here, the social ratings of individuals who engage in high versus low disclosure of a serious car accident will be compared with ratings of those who engage in high or low disclosure of a cancer experience. It is expected that cancer patients will generate more social discomfort than accident victims.

Method

Subjects

One hundred twenty-four students (66 females, 58 males) recruited from introductory classes in psychology participated in the study in order to earn extra course credit.

Design

A 2x2x2x2 experimental design was employed with one subject variable (sex of participant) and three manipulated variables: type of life threatening event (cancer versus serious car accident); degree of disclosure (high versus low); and sex of stimulus person.

Procedure

Participants who agreed to take part in a study of interpersonal communication styles were assigned randomly to view one of eight video taped interviews. Each interview lasted four minutes and showed either a male or female

stimulus person (actually a paid actor) responding to a series of questions concerning their career goals and personal interests. About half way through each interview, the stimulus person made reference to a recent experience with a life threatening event (cancer or a serious car accident). In half the tapes the stimulus person referred to the event briefly (low disclosure); in the other half he/she disclosed considerable content surrounding the event (high disclosure). For example, under high disclosure the stimulus person discussed his/her diagnosis, treatment, emotional reactions, pain experiences, uncertainty about the future, and fear of death. The taped interviews differed only in references to the type of life threatening event and degree of disclosure. Care was taken to keep length, speech patterns, gestures, and general content constant across the eight tapes.

After viewing a tape, participants recorded their impression of the stimulus person on a 15 item questionnaire. Using a series of five point Likert scales they rated various aspects of the stimulus person's communication skills, interpersonal style, attractiveness, honesty, kindness, and likability. They also indicated the extent to which they found the interview content to be interesting, appropriate, and disquieting. Finally, they rated their desire to have further contact with, or befriend the stimulus person.

Participants were also asked to provide information concerning their own, and their family's history of cancer.

Results

The fifteen social rating scale items were subjected to a principle components factor analysis. Based on an examination of the eigen values, three factors were extracted for varimax rotation. Factor 1 (eight items) appears to measure the stimulus person's overall likability. Factor 2, consisting of three high loading items, appears to assess the stimulus person's ability to communicate. Factor 3 contains four items referencing the participants discomfort with, and the social appropriateness of the stimulus person's interview.

Items loading on each of the three factors were summed into dependent variable indexes. Each of the three index scores - likability, communication skill, and discomfort - was analyzed using a four way analysis of variance. For each analysis the four independent variables were sex of participant, type of life threatening event, degree of disclosure, and sex of stimulus person.

A main effect of type of life threatening event on discomfort showed that cancer patients induce significantly more social discomfort in participants than accident victims ($F(1/123)=4.98$, $p < .03$) (see Figure 1). This provides partial support for the prediction that cancer patients would be rated

most negatively. However, contrary to prediction, the likability and communication ratings of the cancer patient were not more negative than those of the accident victim, even in the high disclosure condition. In fact, one significant two-way interaction of sex of stimulus person by type of life threatening event on likability revealed that female cancer patients were rated as the most likable of all the stimulus persons ($F(1/123) = 4.14, p < .05$) (see Figure 2).

Discussion

The prediction that non-reciprocal high disclosure of a cancer experience would produce negative social reactions was not fully supported by the findings. Contrary to expectations, female cancer patients, including those in the high disclosure condition, were the most liked of the stimulus persons. However, consistent with the second hypothesis, cancer patients aroused greater levels of discomfort in study participants than did the accident victims.

This pattern of findings suggests that exposure to cancer patients, at least to female cancer patients, produces conflicting emotions: liking mixed with discomfort. That is, we find the individual who talks about his/her cancer to be more likable, kind, attractive, and friendly than others, but at the same time we experience a greater sense of uneasiness in his/her presence.

Since Coyne's interpersonal model of depression does not predict greater initial liking of depressives or address the issue of ambivalence, it cannot account adequately for the findings of this study. It appears that a new model is needed - one that delineates the social interactions of individuals with cancer, as well as other types of serious illness.

The authors of this paper propose such a new model - the Social Reaction Model of serious illness. This model maintains that social reactions to individuals with serious illnesses take one of several forms: social rejection - characterized by immediate, active and prolonged avoidance; social ambivalence - characterized by initial and simultaneous increases in liking, approach, and discomfort which at first produces solicitous support, but ultimately leads to social avoidance; and social acceptance - characterized by an absence of marked changes in the feelings or behaviors directed toward the patient as a result of his/her illness.

The model goes on to predict that the nature of the social reaction (rejection, ambivalence, or acceptance) will vary as a function of 1) the perceived preventability of the illness, 2) the negative prognosis of the illness (e.g., degree of debilitation, duration, survival probability), and 3) the social threat of the illness (e.g., contagiousness, drain on social resources). Specifically, social rejection

will be the most likely reaction to individuals with a disease that is seen as highly preventable, that has an extremely negative prognosis, and that poses a high degree of social threat. AIDS would be an example of a disease likely to result in social rejection. A possible exception to this would be in the case of the "innocent" AIDS victim - such as the spouse or child of a carrier. In this case the disease is not seen as preventable as far as the victim is concerned, so outright social rejection might not occur. Still, the extreme negative prognosis and social threat of the disease should temper displays of social support.

Ambivalence would be the predicted social reaction associated with a disease that has low perceived preventability, a moderate to high negative prognosis, and low to moderate social threat. It is predicted that ambivalence first manifests itself in the form of frequent and solicitous social support. This is due to the fact that the positive emotions experienced by members of the support network (e.g., liking/admiration of the patient, sympathy, desire to help) are strong enough initially to overshadow the negative emotions (discomfort, fear, helplessness, etc.). Overtime, however, the negative emotions are felt more keenly and lead ultimately to subtle forms of social avoidance. This predicted response sequence is consistent with the anecdotal

accounts of cancer patients who report that the burst of support they experience following diagnosis wanes rapidly. For this and other reasons it appears that cancer is a good example of an ambivalence-inducing disease.

Social acceptance would be predicted in the case of a disease that is seen as partially preventable, has a low to moderately negative prognosis, and poses little or no social threat. Since most forms of coronary heart disease fit this description, it would be a disease in which marked changes in the social interactions of patients would not be expected.

The Social Reaction Model grew out a need to account for the unexpected findings of this study. Programmatic research is underway to test the model more fully. Several replications have been carried out which confirm social ambivalence as a typical reaction to cancer patients. Data have been collected to examine people's perceptions regarding the preventability, negative prognosis, and social threat of various diseases. Another just completed study examines and compares social reactions towards individuals with cancer, coronary heart disease, AIDS, and multiple sclerosis. In the planning stage is a longitudinal study of newly diagnosed patients that will examine the social reactions of family members over a one year period of time. The findings so far are encouraging in that they tend to support the predictions

generated by the model. The availability of a model which accounts for social reactions to seriously ill individuals should prove valuable in helping them, their families, and their medical team to manage what appears to be an important factor in their adjustment and prognosis - social support.

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Figure 1.

Main effect of type of life threatening event on discomfort.

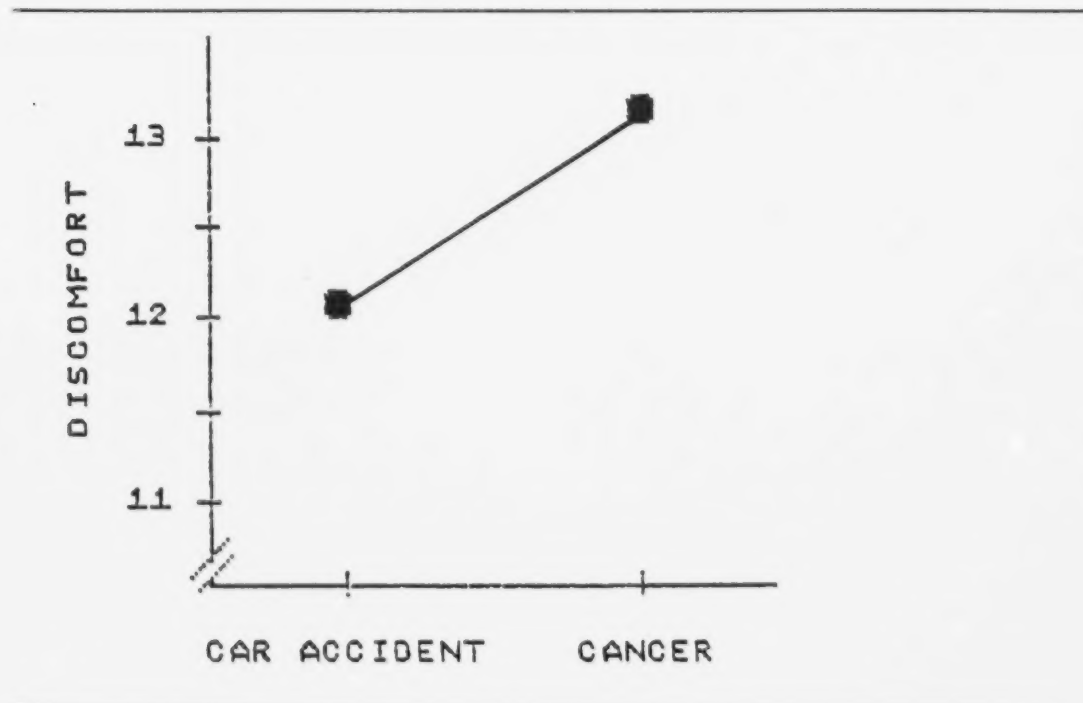
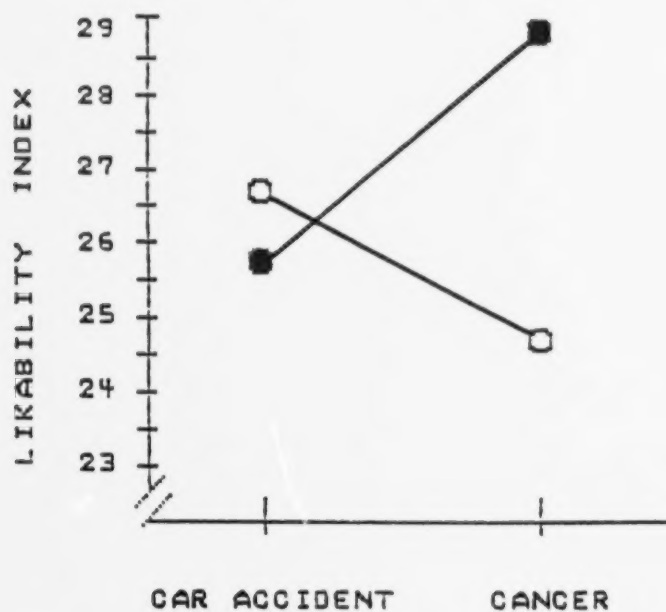


Figure 2.

Significant two-way interaction of sex of stimulus person and type of life threatening event on likability.



Key



Female stimulus person



Male stimulus person